REQUEST TO INSPECT/COPY PUBLIC RECORDS

Name	Date:
	(please print)
Representing:	
	(please print)
	personally review the following data, files and/or records that are maintained by Agricultural Commissioner/Weights and Measures Department.
DESCRIPTION OF RE	CORDS TO BE INSPECTED:
	(attached additional sheets if necessary)
	w is not any way connected with nor pertaining to (a) any pending matters of ounty is a party to, or (b) to claims filed and pending against the County under
	(Signature)
	(To be completed by department personnel)
□ Approved	Disclosure of the requested record(s) is prohibited by law. Description inadequate to identify record.
(Signature ACWM State	Date
(Signature 110 Will Star	
Return form to: Los Angeles County Department of Agricult 12300 Lower Azusa Ro	ural Commissioner/Weights & Measures

AWP 4/05

Arcadia, CA 91006 Attn: Public Records